



DISCLOSURE FORM
(Form 3 of 5)



Project Title: Heritage Place
BERTO PLACE 1142 STATE FARM DR. & 2900 & 2934 McBRIDE LANE
(Include site address)

Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.

- Individuals: Identify all individuals
- Partnerships: Identify all general and limited partners
- Corporations: Identify all shareholders owning 10% or more of the stock and all officers and directors (unless the corporation is listed on any major stock exchange, in which case only the identity of the exchange must be listed.
- LLCs: Identify all members, managers, partners, officers and directors.
- Trusts: Identify all trustees and beneficiaries.
- Option Holders: Identify all holders of options on the real property.

Full Name:	Address:
DAVID F. BERTO (TRUSTEE)	2906 McBRIDE LANE, SANTA ROSA CA, 95403
NANCY N. BERTO (TRUSTEE)	2906 McBRIDE LANE, SANTA ROSA CA, 95403
DAVID F. BERTO & NANCY N BERTO TRUST	2906 McBRIDE LANE, SANTA ROSA CA, 95403

In addition, please identify the name of each civil engineer, architect, and consultant for the project.

Full Name:	Address:
BRELJE & RACE CCNSULTING ENGINEERS	475 AVIATION BLVD, SUITE 120 SANTA ROSA CA 95403

Additional names and addresses attached: Yes No

The above information shall be promptly updated by the applicant to reflect any change that occurs prior to final action.

I certify that the above information is true and correct:

David F. Berto
Applicant

4-19-2021
Date